☐ CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		**1** Employee or self-employed person's Archer MSA contributions made in 2023 and 2024 for 2023 $	OMB No. 1545-1518 **2023** Form **5498-SA**	**HSA, Archer MSA, or Medicare Advantage MSA Information**
		2 Total contributions made in 2023 $		
TRUSTEE'S TIN	PARTICIPANT'S TIN	**3** Total HSA or Archer MSA contributions made in 2024 for 2023 $		**Copy B** **For Participant**
PARTICIPANT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		**4** Rollover contributions $	**5** Fair market value of HSA, Archer MSA, or MA MSA $	This information is being furnished to the IRS.
		6 HSA ☐ Archer MSA ☐ MA MSA ☐		
Account number (see instructions)				

Form **5498-SA** (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service